MINUTES

Patient-Centered Health Advisory Council

State Hygienic Laboratory
Friday, August 17, 2018
9:30 – 3:00

Members Present

Sarah Dixon- *Iowa Collaborative Safety Net Network*
Chris Espersen- *Independent Healthcare Consultant*
Kimberly Howard- *Dental Hygienist*
Brenda Payne- *Iowa Psychological Association*
Patty Quinlisk & Caitlin Pedati - *State Epidemiologist*
Kady Reese- *Iowa Healthcare Collaborative*
Peter Reiter- *Internal Medicine*
Shayan Sheybani- *Iowa Chiropractic Society*
Bill Stumpf- *Disabilities Advocate/Consumer*
John Swegle- *Iowa Pharmacy Association*
Mary Nelle Trefz- *Child and Family Policy Center*

Members Absent

Chris Atchison- *Public Member*
Melissa Bernhardt- *Iowa Dental Association*
Anna Coppola- *Community Advocate*
David Carlyle- *Iowa Academy of Family Physicians*
Marsha Collins- *Iowa Physician Assistant Association*
Ro Foege- *Consumer*
Anne Hytrek- *Iowa Academy of Nutrition and Dietetics*
Jessie Marks- *Child Health Specialty Clinics*
Leah McWilliams- *Iowa Osteopathic Medical Association*
Marguerite Oetting- *IA Chapter of American Academy of Pediatrics*
Yogesh Shah- *Palliative Care Physician*
Jann Ricklefs- *Iowa Nurses Association*
Trina Radske-Suchan- *Iowa Physical Therapy Association*
Dave Smith- *Iowa Department of Human Services*

Others Present

Abby Less- *Iowa Department of Public Health*
Andrew Minear- *Iowa Department of Public Health*
Angie Doyle Scar- *Iowa Department of Public Health*
Angie Sylling- *American Cancer Society- Cancer Action Network*
Anthony Pudlo- *Iowa Pharmacy Association*
Betsy Richey- *Iowa Department of Public Health*
Dennis Tibben- *Iowa Medical Society*
Donald Herbst- *Clarinda Regional Health Center*
Erin Cubit- *Iowa Hospital Association*
Gloria Symons- *Mid-Iowa Community Action, Inc.*
Jenny Brown- *Primary Health Care, Inc.*
Kathy Karn- *Iowa Department of Public Health*
Katie Kenny- *Iowa Primary Care Association*
Keith Muller- *University of Iowa*
Mary Kay Brinkman- *Iowa Department of Public Health*
Mary Kelly- *Oral Health Connections*
Mary Stewart- *Iowa Senate Candidate*
Matthew Pitlick- *Iowa Pharmacy Association*
Megan Hartwig- *Iowa Department of Public Health*
Michael Rosmann- *Ag Behavioral Health*
Patrick McGovern- *Iowa Department of Public Health*
Patty Funaro- *Legislative Services Agency*
Sylvia Navin- *Iowa Department of Public Health*

***Patient-Centered Health Advisory Council Website:**
http://idph.iowa.gov/ohct/advisory-council

Meeting Materials

- Agenda- August 17, 2018
- CMS Rural Health Strategy - 2018
- Dr. Keith Mueller- Written Testimony
- Health Affairs- Growth of ACOs and VBP Models in 2018
- IDPH Programs on Rural Health- PPT
- Mental Health in Rural Iowa- PPT
- Primary Care - The Foundation for a High Performance Rural Health Care System
- RHPC Advisory Council Telehealth Recommendations
- RHPC Advisory Council Telehealth Recommendations Cover letter
- Rural Health Access- PPT
- Rural Provider Workforce Shortages PPT - Dennis Tibben
- Suicide Prevention in Rural Iowa- PPT

Topic	Discussion
Health Care in Rural Iowa - **University of Iowa Rural Policy Research Institute** Dr. Keith Muller - *University of Iowa*	• Dr. Keith Muller began the meeting by giving an overview of the rural health landscape in Iowa and describing challenges and key themes around rural health. Dr. Muller is the Director of the RUPRI Center for Rural Health Policy Analysis and Chair of the RUPRI Health Panel. The RUPRI Center for Rural Health Policy Analysis conducts original research in the topical areas of access to health care services, Medicare policies, development of rural delivery systems (including effects of national policy), and public health. The mission of the Center is to provide timely analysis to federal and state health policy makers, based on the best available research. • A handout was provided on the written testimony written by Dr. Muller to the U.S. Senate Committee on Finance. The testimony focuses on the following three areas: 1. Rural experience with Medicare's accountable care organizations (ACOs) 2. Payment policies driving changes in delivery systems 3. Use of telehealth • The testimony concludes with general observations about the future directions in rural health policy. This testimony can be accessed here: Dr. Keith Mueller- Written Testimony • Key observations in the testimony include: o We should think in terms of total cost of care, not the prices of individual services or single encounters. o New approaches to delivering services and payment policies should be coordinated across payers. o Individual and population health are affected by circumstances and policies beyond the immediate purview of health policies; that interaction should be considered in a rural context. • The shift in payment delivery from fee-for-service payment to volume-based payment was described. An overview was given of the effort that began under the Obama Administration for 90 percent of traditional Medicare payments transformed into value-based reimbursement, through accountable care organizations, bundled payments, or hospital quality programs, by the end of 2018. o Bundled payment programs provide a single, comprehensive payment that covers all of the services involved in a patient's episode of care. • A handout was provided to Council members describing the current landscape and shift to value-based payment models. The handout can be accessed here: Health Affairs-Growth of ACOs and VBP Models in 2018. • Dr. Muller described the Pennsylvania Rural Health Model which includes all-payer global budgeting. Under this Model, participating rural hospitals would be paid based on all-payer global budgets—a fixed amount that is set in advance for inpatient and outpatient hospital-based services, and paid monthly by Medicare fee-for-service and all other participating payers. In addition, the rural hospitals would deliberately redesign the delivery of care to improve quality of care and meet the health needs of their local communities. • The use of technology and telehealth was discussed. Conversation included the importance of consumer-oriented telehealth and the need for sufficient broadband access to support telehealth in Iowa's rural communities. • A handout was provided to Council members which is a paper developed by the RUPRI Health Panel that reviews the elements of a robust rural primary care system, including development and maintenance of a high performance rural primary care system and workforce as well as policy considerations and opportunities that address the sustainability of rural primary care. o The paper can be accessed here: Primary Care - The Foundation for a High Performance Rural Health Care System

Mental Health in Rural Iowa
 	
Dr. Michael Rosmann
 	
PowerPoint:
Mental Health in Rural Iowa
	• Dr. Rosmann is a psychologist and farmer from Harlan, Iowa. The presentation focused on mental health in rural Iowa.
	• A key suggestion Dr. Rosmann gave was to use the term "behavioral health" instead of "mental health". He described the stigma attached to the term "mental". Behavioral healthcare is more comprehensive and holistic; it includes "talk" therapies, psychiatric services, addictions treatments, and any interventions that impact our behavior, such as pastoral counseling, life coaching, wellness programs, and consultations with many experts. The term "mental health" is stigmatizing and outdated in most settings. Mental healthcare requires medications and psychotherapy, whereas behavioral healthcare is understandable, acceptable, and places the client in charge of managing thoughts and actions (i.e., behaviors). "Behavioral health" is the preferred term of most U.S. government agencies and ever more professional training programs.
	• The most common diagnosed behavioral health problems among farm and rural people were discussed:
	  ○ 40 percent of diagnoses include relationship problems, such as partner and marital problems, domestic and child abuse, quarreling with elders, blame and anger.
	  ○ 24 percent of diagnoses include adjustment problems, which are temporary exacerbations of anxiety, depression and other behavior problems that remit when stress diminishes.
	  ○ 11 percent of diagnoses include anxiety disorders, including excessive worry, panic, and PTSD.
	  ○ 18 – 33 percent of diagnoses include forms of depression, with major depression three times more common than bipolar depression.
	  ○ 7 percent of diagnosis include substance misuse, either alcohol, street drugs or prescribed medications. About 40 percent of the time this is co-occurring with other problems.
	  ○ Personality disorders (1.5 percent) and psychotic disorders (less than 1 percent).
	• Agriculture-related fatalities due to physical injuries and illnesses have declined since federal legislation created agricultural safety and health centers in the early 1990s, but not suicide by farmers. The suicide rate of farmers is much greater than the average for all occupational groups. Also, the rate of suicides of farm workers is much higher than farm owners.
	  ○ In Iowa, rural residents, most of whom are farm people, or live in small towns that often are agriculturally-based, have a higher rate of suicide than urban and suburban residents.
	• Dr. Rosmann described the need for behavioral health professionals in rural areas.
	  ○ The number of psychiatrists, social workers, psychologists, and counselors in the Rural Midwest per 100,000 people is 40 percent that of urban areas. This places a heavier burden on medical providers. There is a growing number of young behavioral health professionals in rural areas and who want to work with the agricultural population.
	• Rural behavioral health delivery needs to be acceptable and culturally appropriate, accessible and available when needed, and affordable.
	• The Farm & Ranch Stress Assistance Network (FRSAN) was described, which has been authorized by Congress and included in the Farm Bill. The FRSAN, if funded, would provide for free, confidential behavioral health services to the farm population including 24/7 crisis and informational hotlines, vouchers for ongoing behavioral health therapies, support groups and educational services.
	• A number of resources are listed on slide 12 that are available for rural Iowans. Dr. Rosmann writes weekly articles in a column in "Iowa Farmer Today" called "Farm and Ranch Life" which has 4.5 million regular readers.

Rural Health Access

Katie Kenny
- *Iowa Primary Care Association*

Donald Herbst
- *Clarinda Regional Health Center*

PowerPoint:
Rural Health Access

- Background was given about the Iowa Association of Rural Health Clinics (IARHC). A group of concerned clinicians formed the IARHC in 1995 to collectively raise the level of awareness of policy makers about issues facing Iowa's Rural Health Clinics (RHCs).
- 170 RHCs are located across Iowa with the majority of them owned by a health system or critical access hospital. RHCs must be located in a rural area (according to the Census) or designated by HRSA or the Governor as a medically underserved area. Additionally, RHCs must employ a Nurse Practitioner (NP) or Physician Assistant (PA) who provides a core set of basic services to the community.
- Discussion took place around technology (EMRs and Telehealth). Barriers include the cost of implementing EMRs, staff and financial resources to implement the new processes, and challenges related to generational gaps regarding the utilization of telehealth.
- For more information about the IARHC, visit https://iarhc.org
- Background was given about the Iowa Primary Care Association (Iowa PCA). The Iowa PCA is a non-profit membership association comprised of community health centers and other safety net providers in the state. The Iowa PCA provides technical assistance to the state's 13 community health centers and one migrant health program. Iowa's community health centers serve over 200,000 unique patients at over 80 sites across the state. Health centers provide medical, behavioral health, vision, dental and enabling services.
- For more information about the Iowa PCA, visit www.iowapca.org
- Discussion took place around recruitment of new workforce to Iowa's health centers. Iowa PCA staff noted a number of observations related to the challenges of recruitment to rural Iowa, including:
  - Lack of applications to rural areas not on the border of Iowa: Specifically Leon, Ottumwa, and Fort Dodge
  - People don't know what FQHCs are or have preconceived ideas about health centers
  - Candidates aren't well educated on loan programs
  - Primary Care Associations in other states have partnerships with their residencies and Iowa does not have that yet.
  - People want to live in rural locations, but not necessarily Iowa
- The key trends related to workforce in Iowa include:
  - Shortage of psychiatry and mental health providers
  - Shortage of family medicine and Internal medicine
  - Decline in dentists staying in Iowa
  - Locations want people from Iowa for retention purposes
- Sarah Dixon described examples of other health center access initiatives (slide 10).

Rural Physician Workforce in Iowa

School-Based Telehealth Initiative

Dennis Tibben
- *Iowa Medical Society*

PowerPoint:
Rural Provider Workforce Shortages

- Statics were presented on Iowa's rural physician workforce. Data from 2017 shows the following:
  - Population: 3.1 Million
  - Total Active Physicians: 6,627
  - Total Primary Care Physicians: 2,597
  - Total Medical Residents: 882
  - Total Medical Students: 1,549
- Iowa ranks 43rd in the nation for Physicians Per Capita. Additionally, Iowa ranks 40th or below in 16 of the 25 most common specialties including:

Allergy & Immunology (44th)	Cardiovascular Disease (42nd)	Child & Adolescent Psychiatry (42nd)	Diagnostic Radiology/Radiology (48th)
Emergency Medicine (51st)	General Surgery (42nd)	Internal Medicine (46th)	Neurological Surgery (48th)
OB/GYN (51st)	Orthopedic Surgery (46th)	Pediatrics (44th)	Physical Medicine & Rehabilitation (45th)
Plastic Surgery (50th)	Psychiatry (46th)	Pulmonary Disease (40th)	Urology (45th)

	• Discussion took place regarding physician burnout. 79.3 percent of physicians experience burnout at some level and 46.8 percent of physicians plan to retire early due to burnout. The main factors that are tied to burnout include: ○ **Workload:** Employment Demands Exceed Available Resources ○ **Control:** Loss of Autonomy & Lack of Effective Feedback Mechanisms ○ **Rewards:** Lack of Recognition & Validation for a Job Well Done. ○ **Community:** Unresolved Conflicts Resulting in a Poor Work Environment ○ **Fairness:** A Perceived Lack of Equity in the Workplace ○ **Values Conflicts:** A Disconnect Between The Values That Give Meaning to Life & Day-to-Day Work Realities ○ **Sense of Isolation:** Unsure Where to Turn for Answers & Feeling Like You're the Only One Encountering Problems • Information was provided regarding the utilization of technology to expand capacity. A school-based telehealth program is something that the Iowa Medical Society supports. Services provided in such program could include chronic disease management, acute medical care, behavioral health services, speech therapy, special education services, health education services for teachers, school employees, and/or the general public. Benefits of school-based programs include: ○ Reduced Student Absenteeism ○ Reduced Parental Time Off for Medical Visits ○ Increased Overall Access to Medical Care ○ Improved Chronic Disease Management ○ Increased Behavioral Health Services; Reduced Classroom Disruptions ○ Reduced ED & Urgent Care Visits; More Effective Use of Resources ○ Expanded Health Education Programming
Center for Rural Health and Primary Care Advisory Committee **- Telehealth Recommendations** **IDPH Programs on Rural Health** Megan Hartwig - *Iowa Department of Public Health* *PowerPoint:* IDPH Programs on Rural Health	The Iowa Department of Public Health coordinates a number of programs focusing on rural health. The Bureau of Oral and Health Delivery Systems (OHDS) is where the Center for Rural Health and Primary Care (RHPC) is located. The RHPC focuses on health care access issues that affect Iowa's rural and local communities. Below is a summary of each program. For further information, visit https://idph.iowa.gov/ohds/rural-health-primary-care **State Office of Rural Health (SORH)** • Center for Rural Health and Primary Care Advisory Committee provides broad-based input from throughout the state regarding rural health issues in Iowa and insure that the issues are addressed in a timely manner. • State Office of Rural Health (SORH) is a federal-state partnership to help rural communities and organizations identify and resolve issues and build rural health infrastructure. SORH provides rural health advocacy and outreach, coordination of resources and consultation to communities and health care providers in rural Iowa. • Governor's Shortage Designation ○ Governors may designate areas of their state as shortage areas for the purpose of Rural Health Clinic certification. **Rural Hospital Programs** • Iowa Medicare Rural Hospital Flexibility Program (FLEX) – 25 beds or less ○ Provides resources to Critical Access Hospitals on: Quality and Safety Improvement, Financial and Operational Improvement, and Emergency Medical Systems. • Small Rural Hospital Improvement Program (SHIP) – 49 beds or less ○ Provides resources to small rural hospitals on: improving data collection, improving quality outcomes, building accountability across the continuum of care, and maintaining accurate Prospective Payment Systems billing and coding **Primary Care Office (PCO)** • Health Professional Shortage Area (HPSA) ○ Shortage designations are designed to identify communities with diminishing health

care services and provide them with opportunities to improve access to and availability of care. By identifying health care shortage areas, communities become eligible for state and federal assistance to recruit and retain health professionals, access additional reimbursement dollars, and eventually alleviate the shortage.

- National Health Service Corps (NHSC)
  - Provides resources through loan repayment and scholarships to selected health care professionals to provide access to underserved areas.
- J-1 Visa/Conrad 30 waiver program
  - A J-1 visa is a non-immigrant visa issued to research scholars, professors and exchange visitors participating in programs that promote cultural exchange, especially to obtain medical or business training within the U.S. Each state's PCO processes up to 30 applications a year. 20 applicants go to a shortage area determined by the HPSA process. The 10 remaining slots are flex slots that can be utilized anywhere in the state.
- National Interest Waiver (NIW)
  - A petition for an employment-based immigrant visa, generally requires a specific, permanent job offer and a corresponding approved labor certification. The PCO provides letters of support for NIW's on behalf of physicians in Iowa. Physicians must agree to work in a shortage area for five years.

State Funded Activities Within the PCO

- Volunteer Health Care Provider Program (VHCPP)
- Free Clinics and Free Clinics of Iowa
- Iowa Association of Rural Health Clinics
- Polk County Medical Society
- SafeNetRx: Connects vulnerable Iowans with access to free and low-cost medications and includes the prescription drug donation repository program.

Workforce Programs

- PRIMECARRE Loan Repayment Program
  - The Primary Care Recruitment and Retention Endeavor (PRIMECARRE) goal is to strengthen the primary health care infrastructure in Iowa. It offers two-year grants to primary care medical, dental, and mental health practitioners for use in repayment of educational loans. The program requires a two-year practice commitment in a public or non-profit site located in a health professional shortage area and provides reimbursement to eligible applicants.
- Medical Residency Program
  - Goal of program is to increase the number of accredited medical residencies in Iowa with a priority for Family Practice or Psychiatric residencies that will result in physicians choosing to practice health care in Iowa.

3RNet

- 3RNet is a job search web site devoted exclusively to rural health care recruitment. Candidates log in, select job titles of interest, and contact facilities directly. Hospitals and clinics log in, post job openings, and communicate with candidates.
- www.3rnet.org

Rural Health and Primary Care (RHPC) Advisory Committee- Telehealth Recommendations

The RHPC Advisory Committee is a Governor appointed advisory body on rural health and primary care issues in Iowa. The purpose of this committee is to provide insight and feedback on health related issues affecting rural Iowans. The RHPC Advisory Committee identified telehealth services as a strategy to ensure assess to high quality health to rural Iowans and has developed a set of recommendations. These recommendations can be accessed here:

- RHPC Advisory Council Telehealth Recommendations Cover Letter
- RHPC Advisory Council Telehealth Recommendations

Suicide in Rural Iowa
 	
Patrick McGovern
- *Iowa Department of Public Health*
 	
PowerPoint:
Suicide Prevention in Rural Iowa
	• Suicide is the leading cause of death nationally for 15-24 year-olds and 25-44 year olds.
	• According to Iowa Vital Records, 458 Iowans died by suicide in 2017. In Iowa's rural counties, 1,780 Iowans died from suicide from 2008 – 2017.
	• Data from 2015 showed that males accounted for 70.1% of suicide victims and females accounted for 29.9% of suicide victims.
	• Council members discussed data from the 2016 Iowa Youth Survey. In Iowa's rural counties, the survey showed the following:
	  ○ **Feeling Down**: "During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?"
	  ▪ **14% (6TH Graders), 17% (8TH Graders), and 25% (11th Graders)**
	  ○ **Plan**: "During the past 12 months, have you made a plan about how you would kill yourself?"
	  ▪ **5% (6th Graders), 9% (8th Graders), and 11% (11th Graders)**
	  ○ **Attempt**: "During the past 12 months, have you tried to kill yourself?"
	  ▪ **3% (6th Graders), 4% (8th Graders), 5% (11th Graders)**
	• The PowerPoint also includes information on suicide risk and protective factors.
	• Your Life Iowa is a resource and prevention effort focused on alcohol, drugs, problem gambling, or suicide. The Your Life Iowa Suicide Prevention website can be accessed here: https://yourlifeiowa.org/suicide.
	  ○ Help is available 24/7 through Live Chat, phone call (855) 581-8111**,** or text (855) 895-8398**.**
	• The IDPH Suicide Prevention Page includes:
	  ○ Tip sheets for foster parents, faith community leaders, law enforcement, and managers
	  ○ Upcoming Events
	  ○ State and National Resources
	  ○ Iowa Suicide Prevention Plan 2015-2018
	  ○ Sign up for mailing list for more information

Next Meeting: Friday, November 2 from 9:30 – 3:00 at the Iowa Healthcare Collaborative – Education Center	